

DISCRIMINATION INTAKE/INQUIRY FORM

NOTE: This form is for intake/inquiry only; it is not a filed complaint. An investigator or staff member will contact you if your inquiry is accepted for investigation by this agency. When did the incident/discrimination happen? Have you filed a complaint in another agency or in court? Interpreter Requested; Language Requested: _____ COMPLAINANT (Person who is making the intake/inquiry): Name: Mr. Ms. Address: _____ Telephone: (Home) (Mobile) (Work) RESPONDENT (Person/entity that committed the alleged act or incident): Company/Entity: Address: City______ State___ Zip Code______
Telephone: _____ Number of Employees/Units_____ TYPE OF CASE/DIVISION OF COUNTY CODE: ☐ Employment ☐ Housing/Real Estate ☐ Public Accommodation ☐ Intimidation/Hate Crime ☐ **Ban the Box.** (Jan. 2015) Did you apply for a job where the application asked if you had been arrested or convicted of a crime? Displaced Service Worker Act. (Dec. 2012) Did you lose a job when the contract was sold or transferred? ☐ Earned Sick & Safe Leave (ESSL). (Oct. 2016) Is your employer providing ESSL? Did your employer inform you that ESSL is required?

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BASIS OF DISCRIMINATIO Age Race Color Ancestry National Origin Sex/Gender	N: Disability, Mental Disability, Physical Sexual Orientation Gender Identity Religious Creed Retaliation	 ☐ Marital Status ☐ Family Status/Responsibilities Employment Only: ☐ Genetic Status Housing Only: ☐ Source of Income ☐ Presence of Children
PLEASE DESCRIBE THE ALLEGED DISCRIMINATION/INCIDENT:		
Please return form to: Intakes & Inquiries Montgomery County Office of Human Rights 21 Maryland Avenue, Suite 330 Rockville, MD 20850		
FOR OFFICE USE ONLY		
Date of Intake/Inquiry:Intake conducted by:		
Action taken: ☐ Rejected	∐Accepted	
Action taken by:		
Method of Communication:		
☐ In Person ☐ Teleph	one 🔲 Letter 🔲 E-M	ail Other:
Date of Communication:		